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IN last number of CHIRONIAN an error was made in regard to "Old Schoolology as She is Practiced." It should have been by J. L. M., '88, instead of '78. One or two other mistakes are also to be noticed, but it is to be hoped that such things may be overlooked when the fact is appreciated that the proof-reading was done at a time dangerously near final examinations, and consequently performed in a rather hasty and preoccupied manner.

WE gladly take refuge behind the old adage that it is "never too late to mend," for we feel we should call the attention of scientific practitioners and students, even at this late day, to the New Year's present that was given to the homœopathic medical profession at the beginning of this year, and is certain to be of inestimable value, especially to all the members of our school of medicine. We refer to "The

Journal of Ophthalmology, Otology and Laryngology."

The editors of this new departure are the able specialists and clinicians, Drs. Geo. S. Norton and Chas. Deady.

These names alone should be sufficient proof of the worth of this new journal to all practitioners and students who desire to keep pace with the progress of science.

This, certainly, is a substantial contribution to ophthalmology, otology and laryngology; and will enable the physician to save time, labor and money by keeping abreast of the new, practical and useful discoveries made in his profession by obtaining, as he now easily may, the best thoughts of experienced specialists in these departments.

This journal is not meant for the specialist alone; but for the general practitioner, who should be deeply interested in all that pertains to the practical in discoveries and improvements in what constitute so fair a proportion of a physician's work.

Consequently this new contribution should be heartily welcomed by the busy practitioner, who cannot well afford to be without it, and it is just as essential to the student who is studying medicine scientifically.

WE are pleased to say, many articles have been received from the Alumni through the year, and we thank them in the name of THE CHIRONIAN Board for thus helping us in the attempt to make our Journal interesting, of value, and a fit institution of a college that is second to none in medical circles.

Not only is it a keen satisfaction to us as a Board to feel our efforts are appreciated, but far more are we gratified by this tangible proof of the continued interest of its Alumni in the College of which we are all so proud.

We earnestly hope the example set by the

few may be followed next year by many more, and thus assist in keeping THE CHIRONIAN up to its present standard.

Though many others who remember us do not send articles, yet from them we have received all kinds of messages denoting appreciation of our efforts. Some kindly mention faults, and others send chunks of wisdom; while here and there, for variety, we have been the recipients of notes indicative of anything but praise or advice of a friendly nature.

We know that at times we have been outspoken, but were so only when it seemed to us that occasion demanded it.

Then again we are aware that some of the articles may not have been satisfactory to all of our readers and many faults may have crept in during the year, since it is impossible for all to be perfect; and so we suppose it is necessary that an editor should be resigned to the fate of receiving "the bitter with the sweet," in the many criticisms of our efforts in behalf of THE CHIRONIAN.

Yet it is evident that many seem to forget "to err is human, but to forgive is divine," as is manifested in the receipt of a postal lately, when we could not help but wonder what manner of man the writer could be.

In this postal we read: "Don't send me any more of that stuff as we don't relish the diet;" and as the doctor had been receiving THE CHIRONIAN for three years and had never paid for it, his request was granted.

Only it was the first intimation we had ever received that the mental food furnished by our Journal was too rich or heavy for any of its readers. As it evidently was in this case, and the writer must have known his mind as it took him three years to form that decision, we think he did the proper thing.

IT was a scene which will often be recalled in years to come, by those present, that took place Friday, March 29th, when, as teacher and students, for the last time Dr. Allen met the out-going class.

A beautiful basket of flowers, a slight token of appreciation from the members of '89, stood on

the table in the amphitheatre and was the first object to meet the gaze of the professor as he entered the lecture room to give a few parting words to the Senior class.

The hearty reception, also accorded him in the students' fashion, must have told, far more plainly than any words could have expressed, the place our worthy Dean holds in the affection of the students. Dr. Allen had just returned from Albany where he had gone to cope, almost single-handed, against the bill, for the creation of a single State Board of Medical Examiners for license to practice medicine, which the allopathic profession, with Dr. D. B. St. John Roosa at its head, has been trying so hard to put in operation.

We do not assert that we are employing the same words that were used, but the substance of the remarks made before the class on this subject by our Dean were, that two points had been brought up by the old school why this unjust bill should become a law.

First, it was stated that since the old school is one of perfect liberality and willing to accept as brother physicians, and to consult with the same, all that are recognized as such by the law, and as there should be no sectarianism, which should be wiped out and all medical men become one common brotherhood—they should have charge of all medical interests in the State.

Second, as there are nine medical colleges in New York, some having a high grade of scholarship, while others have not,—this bill should be passed so as to protect the public in preventing the few colleges from turning out incompetent men.

In reference to these statements, Dr. Allen told the Legislative Committee that this spasm of virtue on the part of the old school took him entirely by surprise, when it is so well known that they only recognize their own school. In all the States this bill has been brought forward, and in each one the majority of the Board are allopaths.

This being so the minority are bound to suffer, and the homœopaths are not likely to escape.

Great promises are made, and yet to-day the

old school will not indorse our diplomas, will not consult with us in the majority of cases, neither will it recognize our college, and in every way shows great hostility to us and all our institutions.

He also said that, as a representative of the Homœopathic College, he could testify to the fact that only our college requires decent acquirements for graduation, and keeps a higher standard than any other New York medical institution, although the College of Physicians and Surgeons, having this year followed our example, now requires a preliminary examination.

But still the final examinations are entirely in the hands of the Faculty, and they have no Board of Censors as we have. Therefore our college is on a higher plane than the College of Physicians and Surgeons; and also, our men can do better work than those of any other medical school in New York, and that he was not afraid to pit a graduate of this college against the best men from the allopathic institutions.

Consequently, the proposed bill was an injustice and would crush out our school, as students will be afraid to come up before an Examining Board which is made up chiefly of allopaths. Dr. Allen said that before he left he was assured by the Chairman of the Legislative Committee that nothing would be done with the bill; and although the allopaths own they are beaten this time, they assert that they will yet come out ahead. It is needless to say there are some who do not share in their expectations.

These remarks were met by the students with a storm of applause that outrivalled anything of the sort ever heard in that old amphitheatre, and that is saying a great deal. Never were the students so proud of homœopathy, its beliefs and institutions, and of our college, its Faculty and Dean.

Then the last link in the bond of union between Faculty and student, if such a bond could be more closely drawn, was welded by the advice given to the men about to go out into the world, as to the duties, socially and professionally, that would devolve on them as physicians

in their intercourse with patients and others with whom they would be brought in contact. It is to be earnestly hoped, as we have every reason to believe, that these words let drop may be as good seed in a fertile soil, which may spring up and bear fruit such as will redound to the honor of our Alma Mater, our college, and increasingly brighten the name of Homœopathy.

The Latter End of Man.

A LECTURE BY DR. GEORGE A. HALL, OF CHICAGO,
PROFESSOR OF SURGERY IN HAHNE-
MANN COLLEGE.

Reported by G. F. Laidlaw.

GENTLEMEN :

RECTAL troubles, without question, have been greatly overlooked by the profession. While attending college I never received a single lecture on rectal surgery. Hemorrhoids may have been considered, but that, even, was exceptional. I have made the statement frequently, and I am prepared to back it up now by my own experience, that nine-tenths of all ailments with which mankind is afflicted arise from the irritations in nasal fossa or in the pelvic cavity, eruptive fevers and accidents excepted.

In order to apprehend this we must remember the nervous supply; and when you consider the vast details of applied anatomy, and especially the workings of the great sympathetic nervous system, you will appreciate what I am about to say.

Starting from the Gasserian ganglion, which is the head centre of the great sympathetic, passing out and supplying all the cavities of the head, the special senses of smell and taste and the cutaneous surface, bringing all in sympathetic relation, we can readily see how a little irritation in the nose will produce a variety of troubles.

Case cited of a lady with sensation of tumor in the neck which arose from necrosis of the middle turbinated bone.

Here is direct sympathetic irritation. Any trouble from the Gasserian ganglion to the pelvic cavity, from the connection by plexes to the different viscera, even controlling their circulation, may cause derangement of function in any other portion of the tract; and we find that difficulties originating down in the pelvis, to within an inch and a half of the anal orifice, are manifested by symptoms in the chest, back and head, rather than by local sensations. The nervous supply at the anal orifice comes from the pudic nerve, which is sensory, and this is why an insignificant little fissure or crack at the mucocutaneous boundary causes such intense suffering to the patient.

In speaking of the changes which take place, however, it is necessary to understand the normal state of things.

The mystery which has been thrown around rectal surgery arises largely from the fact that we do not consider how simply that part of "the soil-pipe" is constructed. If we dissect the rectum, we find it composed of the same tissue that is found elsewhere in the body, mucus and fibrous coats, cellular tissue supplied with blood-vessels, arterial and venous, lymphatics and nerves.

Let us take a bird's-eye view for a moment, and we may understand how certain things occur. We follow down the descending colon and come to the sigmoid flexure. Did you ever stop to comprehend fully what that sigmoid flexure was intended for? You may have noted a somewhat similar arrangement in sewer pipes to prevent the gas from "backing up." It is not, however, put there for that purpose, but as a muscle to retain the contents of the bowels until a certain time, when they shall pass into the rectum for evacuation.

I remember once in the American Institute, one of the members made quite a sensation in giving a long dissertation on the "third sphincter," which he located in the sigmoid flexure. We know the curves which exist there and when the fecal matter comes to this point it is simply arrested for the time being. There are certain muscular fibres, circular, which when they become irritated act as a constrictor; but it is not

so much the contractile power of the muscle as the shape of the canal which retains the fecal matter.

As we pass along the longitudinal fibres they become thickened and, approaching the upper border of the internal sphincter they are called columns or bands; the sphincter surrounds and constricts them giving the appearance of a rope tied around a meal bag.

Over this we have the mucous membrane, and a peculiar formation of little papillæ sticking up like a fringe. It is perfectly normal and I speak of it, as it has been recognized as a diseased condition.

When an installment has passed through the sigmoid flexure it is retained by the sphincters, until, expelling force being exerted by the abdominal muscles on the viscera, the sphincters relax and allow the feces to pass out. This co-ordination is often disturbed especially in children and delicate females.

In children, six-tenths of the cases of constipation result from this loss of co-ordination. Some slight dryness of the anus, straining and slight laceration which makes the parts very sensitive and painful. The next time that the child, who has not yet arrived at the years of discretion, feels defecation coming on, he makes his best effort to control the sphincter, because he fears the pain. The result is that the rectum is packed full of fecal matter. The doctor advises the use of soap, but this burns and irritates still more. Finally there is spasm so violent that the bowels must move but the difficulty is thus increased.

In nervous females who always want something to move the bowels and *make them regular*, you will find that they do not make the effort every day, even when they have desire for a movement they don't respond to it if it is not convenient. This is the fault of the patient, not the bowels. When at stool the harder the woman tries, the drier the bowels become.

This is stammering of the muscles, want of co-ordination from fear and apprehension through the great sympathetic nerve.

What are the consequences of constipation? I am a crank on "impaction of the bowels" and

make this bald-headed statement that there is not one man in business, sitting for a good part of the time, eating heartily, that is not carrying in his body twenty feet of fecal matter packed like a bologna sausage into his bowels. Put them under a course of purgation and you will be astonished at the immense amount of fecal matter which will be discharged.

Case. Maiden lady of seventy-five came to be treated for uterine disease and hemorrhoids. She had the appearance of pregnancy and could with difficulty walk from her carriage to the door of the house. There was impaction of the entire viscera, which was pressed up under Poupart's ligament and almost in a strangulated condition. Her bowels were "regular," at least so she said, I evacuated the alimentary canal with compound licorice powder. She had five or six stools a day which would shock any man even to look at. She shrunk up; the hemorrhoids disappeared, could take active exercise and was cured completely.

Another case called *consumption of the bowels* with a prognosis of death in several days came under my observation. The patient had been under old school scientific treatment for nine months. This consisted of a dose of castor-oil every morning and morphine at night. She suffered also from symptoms of atrophy of the liver, concentric hypertrophy of the bowel, stricture at different points. The entire rôle of symptoms was removed by a patient and persistent treatment of the bowels. Very large amounts of fecal matter in the shape of scybala were discharged and the patient recovered.

Many women, nine-twelfths, who are treated for uterine troubles have as a beginning, trouble in the back passage. Case after case has come under my observation where the organ has been cut and burnt and torn, pushed up and drawn down and amputated altogether. Turn such a patient over, introduce into the rectum Professor Ludlam's modified elevator. If the patient will admit its passage as far as the sigmoid flexure there is nothing the matter, but before it has passed up to the brim of the pelvis the woman will be in severe pain, sometimes amounting to

agony and even sometimes thrown into convulsions.

In uterine hemorrhage which remedies will not control, apply Pond's Extract and tannic acid into the rectum and it will often cease immediately. In cases of "sciatic rheumatism" the patients when sounded by the rectum will sometimes sink almost in collapse showing the origin of the trouble which is generally ulceration.

How are these consequences brought about? By impaction of the alimentary canal, which in itself is one of the most interesting subjects in the whole science of surgery. Impaction with gravitation of the whole viscera downwards give rise to a multitude of most distressing symptoms. You will find that the structures have become loosened, working downward until the sigmoid flexure is compressed into the pelvic cavity. It is like an old meal bag, and the surgeon must be very cautious in using forceps or elevator in these cases, to avoid perforation. Then we have a sacculated condition of the alimentary canal, together with inflammatory exudation and stricture. Some men say that stricture of the bowels is a rare thing unless it is malignant, but this is not so. Bring me fifty persons, who suffer from back-ache, tired headache, nervous irritability, etc., and I will find a stricture in one-half of them in the sigmoid flexure, and in the majority of cases there will be an ulcer accompanying the constriction.

Sometimes in these cases of impaction there is a catarrhal condition from the irritation caused by the scybala and a diarrhoea appears.

If I were to write a catechism the first question would be, "What is the first great duty of man?" and the answer, "To attend to his bowels."

Let us now consider the blood supply of the rectum, which is rich. The arterial circulation is not so important, but there are three arterial and three venous hemorrhoidal plexes, superior, middle and inferior. The venous occupy our attention especially. The superior empties into the pudic vein, the middle into the iliac, and the inferior, which arises from little ponds or sinuses that are found in every normal rectum,

sometimes slightly enlarged, pass upward penetrating the muscular tissue, two and a half or three inches above the border of the internal sphincter. Some claim that it is the constricting power of the intestine on these blood vessels that causes internal hemorrhoids. I cannot say that this is the real cause, but it is frequently one of the existing causes. In the act of defecation, with the weight of the feces and the power of the expelling muscles brought to bear on the part the little ponds swell up as large as a pea or cherry.

Remember the nervous supply, the lower inch and a half by the sensory pudic nerve, the remainder by the sympathetic system.

With this bird's-eye view of the anatomy of the part let us begin at the outer verge.

Pruritis ani—what is the cause of it? Place the patient in Sims' position, or any position you please; tell him to strain out, placing the finger on either side of the nates. You will notice little chaps similar to those seen on the hands of children.

These chaps around the anus are little fissures or cracks. Whenever a young man comes to you with intolerable itching, and the anus is found full of little fissures, you can make up your mind that that man has had syphilis. If he has not contracted it some one has had it before him. It makes great difference in the treatment whether the disease is specific or not, and if so is most amenable to treatment between the ages of nineteen and thirty-five. In older persons other causes may exist.

These little fissures are exceedingly annoying; sometimes the patients actually cry and ask the doctor to either kill them or stop the intolerable itching. On scratching, the pruritus changes to a burning sensation which is better borne.

Sometimes only one fissure is found, sometimes twenty. If there is only one, we may have a small sentinel pile just at the end as it enters the external branches of the hemorrhoidal veins. The little tumor will be exquisitely tender, and the patient thinks that it is the size of a squash. Why is it so sensitive? Because we have this part entirely supplied by sensory

nerves from the pudic branch. This outer portion is not so thoroughly connected with the reflex system, only as the spinal system generally communicates with the sympathetic centres.

This condition makes the patient very irritable, peevish, cross and even ugly; also dyspeptic and despondent.

The treatment is to take a sharp instrument, preferably of hard wood (as a tooth-pick of orange-wood), make it flat and quite sharp. Place the patient so that he can strain out, fixing the diaphragm and holding the breath. You may use nitric acid, burning the fissure clear through. Acetic, carbolic and chromic acids are also used. But my treatment now is to cut through with a tenotome. The object is to cut off the nerve filaments whose irritation causes the pain. Then trace it with acid, allowing it to remain for a while, then wash it off. After this use Merrill's boro-glyceride, the equal of which I have never seen. It is claimed to contain 180 grains of boracic acid, and it has given me the greatest satisfaction. Have them make this application twice a day, cleansing the parts thoroughly with Castile soap and hot water. In fissures extending up between the muscles—the sphincters—there is no use in attempting treatment without paralyzing the sphincter. This done, you can cut through or simply trace with acid, and make application as before. In older subjects the fissures are usually from the upper border of the external to the upper border of the internal sphincter, and sometimes beyond. It may be the result of passing some foreign body, producing laceration. Another statement which I have verified by my own experience is, that in fifty per cent. of those cases where the pocket has been cut out down to the cutaneous surface, *without the precaution to heal it up*, we get the deepest forms of fissure that I have ever seen.

If you stretch and paralyze a sphincter, does it remain indefinitely? No; and it is well that it is so, or a man would never have any confidence in that end of him. I have stretched them several times in the course of a year, but usually once is sufficient, if it is stretched properly.

Curette out the unhealthy granulations; touch the parts slightly with carbolic acid, not more than twenty-five per cent.; follow this with some bland soft substance; then with an Ives' speculum make an application such as is applied to any granulating surface—boro-glyceride, sometimes diluted with glycerine, Lloyd's hydrastis, etc., and the result will always be satisfactory.

Irritable sphincter. I will consider this as a disease. It will cause more trouble in a family than a mother-in-law, and often sets up a ferment in the whole neighborhood. I have seen these cases treated for spinal irritability and uterine irritation while the uterus itself was as innocent as a babe unborn.

Paralyze the sphincter thoroughly, and the patient, instead of being cross, irritable and fault-finding, becomes as happy as a sunflower. But you must watch the case narrowly, and some diseased condition will be found which causes it, as irritable sphincter is rare without reflex trouble.

On the back of the sphincter we may find that the sulci have become inflamed from the impaction of a strawberry seed or something of that kind. Small fruits are very pernicious, and are the cause of very many of these little ulcers. In one case I found a third of a teaspoonful of strawberry seeds. With this irritable sphincter causing all the spinal irritability, paralysis of the muscle will dissipate the whole thing.

Paralyzing a sphincter. This process has received considerable attention. All the "dilators" in the market, as they are ordinarily used, are of little use for the purpose. Any such instrument is pernicious, and the action of such a foreign body is injurious. It is useless to attempt to dilate an irritable sphincter with a hard instrument without laceration, if it is carried to the proper extent. There is nothing equal to the hand, which must be trained so that you can see everything with the tips of your fingers.

Place the patient in any position in which you can look into the rectum. I prefer Sims' position to all others. Then take the angle of the pelvis and know all your bearings as to the

course of the canal. See that your fingers are clean, the nails not rough nor too long. No man with rough fingers should attempt this examination. On introducing the finger remember that the canal in the lower fifth convexes forward to terminate in the anus; therefore, the finger passes, at first, toward the pubic arch, forward and upward, then turns upward and backward.

To dilate, the thumbs are lubricated; one of them passed through the muscle, the fingers resting on the sacrum, carrying the thumb backward until you feel the tip of the coccyx; pass the other thumb in with its back toward that already in position, and the fingers of this hand rest on the pubis. Now we are ready for the operation.

No man can dilate a really stubborn sphincter with the fingers as the latter would be paralyzed first. With the thumbs in you get a good grip. Don't jerk the sphincter and don't do it without ether, no matter how courageous the patient is. It is in stretching this muscle, or trying to stretch it that I have sometimes seen most disastrous results. With an irritable subject, an aged person or one inclined to sharp nervous impressions little things look large. Be careful in giving ether or chloroform not to get them too far gone or you get combined with it the shock of the dilatation, which is intense, and the patient dies of shock. It is through the reflex nervous system that we get this reaction back on the thoracic plexus. Thus, always keep the patient on the border line, so that he does not suffer, but I always prefer to have him manifest a little something.

Always proceed slowly; keep gradually stretching until you have got the muscle stretched to its fullest capacity. Sometimes even with this care you are liable to get choking from *spasm of the epiglottis*. In this case, pull the tongue forward.

It is during the rebellion of the muscle that pain is experienced but not after this. How far shall you stretch the sphincter? As far as possible without rupturing the mucous membrane.

Internal fistula. On the delicate mucous membrane in the sulci are little papillæ. As the

feces pass over these a small seed or something irritates them. This is increased until an ulcer is formed, eating through the membrane, forming an internal fistula. If it attacks the cellular tissue we are more apt to have local symptoms, as here we have more sensory nerve filaments.

On examination the sphincter is found to be very irritable, and the patient complains of pain. The bowels will probably be "regular," but we will have reflex symptoms, as "sciatica," pain in the sacral region, etc.

Let me say something on the subject of remedies. I tell you that the day is coming when no man will be recognized as competent to prescribe, even in accordance with the law of similars, unless he is thoroughly posted in regard to the reflex nervous energies. The day has already approached when we find that the largest stumbling-block is our sitting down as simple symptomologists. Supposing we have the prominent symptoms of the case before us; turning to the pathogenesis we find six remedies which will cover the case perfectly. Which are we to prescribe? This is the question propounded to me by some old school young men, whenever I meet them in consultation. The question can only be settled by a study of the reflex nervous system. If through a knowledge of applied anatomy we can tell whether a pain in the back of the head comes from the nasal fossa or the rectum, it will make a difference in the remedy which we select. One-half of the females with throat troubles have the origin of the difficulty in the rectum. I treated a case of "heart disease," with palpitation, nausea, vomiting and all the rest of it, by the rectum for three weeks, cured her and she never spoke of her heart since.

Instruments.—To introduce the forceps a speculum is necessary. The best speculum is a modification of Allingham's, which is shorter; the objection to Allingham's being that the folds of the external sphincter and loose tissue drop into the slot and obscure the view. There is a small slot by which we can examine the sphincter by rotating gradually, and every particle of mucus surface can be examined.

As to forceps, never have a pair that is riveted

together; it should be mortised and then it does not get dislocated and wobble-jawed. Pick up your wad of cotton with boro-glyceride, or whatever the application is, pass the forceps backward until they reach the hollow of the sacrum. If the gut is down and sacculated the forceps become tangled in the mucous membrane and cause great pain. Rock the handle backward and forward, turning the forceps and working upward to the sigmoid flexure. Sometimes the uterus is packed down here. If there is a diseased condition here it is almost impossible to pass it up to the sigmoid flexure. Introduce as far as the patient will allow it.

In cases where the uterus is impacted and adhered, the elevator is used which has a steel lip. It is placed at the sphincter; put the thumb and finger at the border of the muscle for a fulcrum, with the elevator as a lever, prying the uterus as much as is advisable. The uterus may also be moved by conjoined manipulation. Having removed the uterus introduce the cotton as before.

The trivalve speculum is excellent as it will remain in position especially in the knee and hand posture.

Another speculum which I would not do without in rectal surgery is Morton's modification of Sims'. It is the finest instrument to remove a polypus or fibrous growth inside of the sphincter or to perform the operation for hemorrhoids.

For internal hemorrhoids with hypertrophied mucous membrane, tendency of the rectum to prolapsus, there is an operation by an incision in Hilton's line (the junction of the skin and mucous membrane); dissect up the mucous membrane above the internal sphincter, dissect up the gut, pull it down and hitch it to the cutaneous surface. It is the nastiest, bloodiest, meanest kind of an operation that can be imagined.

The operation which I prefer is to use a Sims' speculum. Make a longitudinal incision, remove the hemorrhoidal vein (we are only removing one vein, anyhow). Then take a short needle and sew it right up with catgut. It heals up quickly. Keep the bowels closed for a short time. This takes up the redundancy

of tissue, the hemorrhoids are cured, and altogether it is the most successful operation for hemorrhoids that I ever performed.

Clinic at Helmuth House—Stretching the Sciatic Nerve.

BY PROFESSOR HELMUTH.

PROFESSOR HELMUTH introduced to the students Dr. Emil Kleen, of Carlsbad, who has come to this country for the purpose of arousing the profession to the necessity of removing the practice of massage from the hands of ignorant and incompetent persons, and placing it under the control of the profession. The Doctor has written an elaborate and scientific work on the subject of massage.

Dr. Kleen said: "In Germany the physicians have already taken massage into their own hands in order to instruct nurses and others to perform it properly. Lately the treatment of neuralgia by massage has come much into vogue. This had been attempted in Edinburgh in the early part of the century; some years later the German and Austrian physicians and surgeons employed massage successfully, and finally the heads of the great clinics, Esmarch, Billroth and others, employed it. In Germany and Holland massage has been used in the treatment of ischias, with varying success. Sometimes my patients have been cured, sometimes only relieved and sometimes recurrence has taken place.

"The first thing to be considered in the treatment of any case of ischias is its etiology. If diabetes is found to the extent of 1-10 per cent. or more of sugar, the sciatica may be ignored and the treatment directed to the diabetes. Sugar less than 1-10 per cent. is not of any importance. I next examine as to the condition of the muscles environing the nerve as it emerges from the pelvis through the great sciatic notch and beneath the pyriformis. As sciatica is often due to chronic inflammation of these muscles, which causes inflammation of the neurilemma by contiguity of surface, it is often extremely difficult to detect

the change in the muscles especially in fat persons. The skin should be oiled and the hand passed over the fibres of the muscle first in the direction in which they run and then back again. In cases where the muscles are altered from their normal tone there can be detected a great difference in the elasticity of the affected from that of the healthy side. Whether this change is found or not, the treatment is the same. The muscles are worked and rubbed for ten minutes with considerable force, sometimes in delicate muscles sufficient to produce ecchymosis. Some masseurs also tap the nerve along its course but this I do not advise. After the massage has been completed the nerve is *dry stretched*. This is accomplished by flexing the thigh on the abdomen while keeping the leg forcibly extended. Flexion is made until the patient cannot longer endure it on account of the pain; then the limb is held some time in that position and before releasing it a little extra flexion if possible is made. Of course this is a very painful procedure.

"Recovery follows this treatment in many cases; in a few cases there is no result; and in some there is only temporary improvement.

"Whether the stretching or the massage is the more important in this method of treating sciatica, I am unable to say, as I have always combined the two methods. I will give you a case in point: A lady who came to Carlsbad had been treated for two years with massage without the dry stretching, and had received no benefit whatever. At first I prescribed the ordinary mud baths, without result. Later I adopted massage and stretching, as I have detailed to you. After sixteen séances the relief was almost perfect, but after some months the sciatica began to return, and soon became as bad as ever. In some cases, however, the recovery is complete and perfect.

"Massage is also useful in supraorbital and other neuralgias. The massage should be forcible, and continued for ten or fifteen minutes. At one time I tried placing the thumb on the nerve at the supraorbital notch or foramen, and making forcible manipulations for fifteen

minutes with sufficient force to almost disorganize the nerve. In two cases this produced complete relief; in the third I produced a terrible attack of migraine, without any benefit resulting. I have not tried it since."

Professor Helmuth said:

"You have heard the doctor's account of *dry* stretching of the sciatic nerve; I will now tell you something about *moist* stretching.

"This is rather a recent operation. It was first mentioned by Haber and Harless in 1858, was again proposed by Valentin in 1864, and was done for the first time by Billroth in 1869. He was followed by numerous other surgeons. Vogt wrote a very comprehensive essay on the subject,* from which I derived much information while preparing my monograph.† The questions to be considered are whether the effect of nerve stretching is noticed upon the ganglia or points of origin of the nerves, or upon its peripheral distribution, and second, whether the function of the nerve is prevented or lost. To decide these questions the nerve was stretched both *centrifugally* and *centripetally*, and was also merely raised out of the wound. It was found that centrifugal stretching affects very little, and that centripetal lessens the functional activity temporarily. Sometimes a partial paralysis occurs.

"To perform the operation an accurate knowledge of the surgical anatomy of the parts is necessary, and even then if the nerve be of small calibre, and situated deeply, it may be very hard to find. The sciatic nerve can be exposed in two localities. First, by a transverse incision at the gluteal fold. Then by pushing the glutius maximus upwards, and separating that muscle and the longhead of the biceps, in the interspace between them, the nerve comes into view. Another method is by a longitudinal incision from a point midway between the tuberischii and the greater trochanter downward toward the centre of the popliteal space. After dividing the fascia lata, the tendon of the semi-

membranosus comes into view. This can be mistaken for the nerve, but this accident may be avoided by remembering that the tendon glistens while the nerve does not. The nerve will be found, as in the first method, between the tendons of the biceps and the semi-membranosus, the former on the outer, the latter on the inner side. The second of these operations is the one I will perform to-day.

"At first, after this operation the relief is marked, but often the disease returns after some months; this, however, is not always the case. What is actually accomplished by the operation is the stretching of the primitive fasciculi, thus breaking up adhesions to the neurilemma.

"The case to be operated on to-day is a very bad one. The patient is addicted to the morphine habit, taking large quantities both hypodermically and by the stomach. She has had some operation performed on the uterus. At present she is unable to walk. This operation presents the only chance for improvement. As soon as the wound is sufficiently healed I shall employ *dry stretching* and massage.

"The operation consists of three stages:—First, Incision and finding the nerve. Second, Stitching the nerve. Third, Replacing the nerve. The amount of force used in stretching should be moderate, as in some cases the nerve has been torn apart and disastrous results followed."

The operation was made according to the second method described above. The nerve was speedily found, stretched in both directions and also pulled directly outward. The wound was closed with button sutures and a continuous skin suture, a glass drainage tube being placed beneath the nerve. A dressing of iodoform and moist bichloride gauze was applied, held in place by a crinoline bandage.

Cardiac Compression.

THE following case is recorded, not so much on account of its rarity, as that, so far as I can learn, it is unique in its exact detail, and offers a striking illustration of the efficacy of

*Die Nerven Dehnung als Operation in der Chirurgischen Praxis. Von Paul Vogt. Leipzig, 1877.

†Nerve Stretching, with a Short History of the Operation, with Illustrated Cases. Boston, 1879.

homœopathic medication in disorders the immediate result of traumatic injuries.

The patient (Joseph C.—, æt. 14), was employed in a brick-yard, and at the time he was injured was busy near an elevator shaft on the ground floor of one of the buildings. No guard being provided, he accidentally was struck by, and thrown under, the descending elevator. In attempting to save himself he was caught and pressed under the car in such a position that his left arm and the left side of his chest were injured.

The elevator was heavily loaded with clay, and he was not released from his dangerous position for several minutes, so that he entirely lost consciousness and remained insensible for some time (the exact length of time it was impossible to ascertain).

The accident happened on June 12th. Dr. W. H. Van Dinburg was called to attend the case, and found the patient in great fear of being approached or even looked at, disinclined to talk or answer questions, nauseated; his face very much swollen, of a black, purplish color, and the conjunction of both eyes so injected that they presented the appearance of raw pieces of meat, almost entirely obliterating the iris; a short, gasping respiration with sharp, sticking pains through left thorax, corresponding to a line drawn from a point just below the left nipple to a point slightly above the inferior angle of the left scapula. This pain was aggravated by the slightest motion or breathing.

Pulse, rapid and *intermittent*. Complained of feeling bruised all over, and wished to be let alone.

After a careful examination, failing to find any fracture of ribs or scapula, or any external injury aside from a slight abrasion, and a small swelling at inferior angle of scapula, arnica 3x was prescribed internally, with cloths wrung out in hot-dilute arnica applied over his præcordial region, and absolute quiet enjoined. A visit later in the day, showed no change, except that he was quieter.

June 13th. Patient had rested well, respiration deeper and more regular. Still complained of the pain in the left chest and that the bed

was too hard. Arnica 3x continued, and a light diet ordered.

June 14th. Patient had been very restless all night, complained of less pain, but was thirsty, irritable, and obstinate, was less sensitive to touch and endured a more searching examination.

June 15th. (The case was placed in my care as Dr. Van Denburg was obliged to leave town.) I found the patient's face still a dark purple and much swollen. The eyes still perfectly red and very sensitive to the least light; complained of some headache. Said he was less sore and had been able to move in bed. The pain upon breathing was less and gave him no trouble; the swelling at inferior angle of scapula was very sensitive, but there was no discoloration any where but in face and eyes. Temperature 99.2 pulse 87 but still intermittent; some times being absent for three seconds then very rapid for as many more, Arnica 3x continued.

June 16th. Patient said he had no pain, except when he moved; swelling was smaller and soft; temperature 98.8; respiration normal; pulse now regular and 80. Seemed brighter but could bear no noise or light in the room. Bell.³ was prescribed

June 17th. Decided change in appearance of face and eyes. The face was mottled; the purple hue appearing in blotches instead of one mass of discoloration, the eyes were still injected but much less so. Temperature and respiration normal; pulse quite regular, though when testing for third time there was a total loss of pulse beat for four seconds. No pain, and only slight soreness in region of swelling, which was now scarcely visible. Bell.³ continued.

June 18th. Face quite natural in appearance, eyes almost clear, and not at all sensitive to the light. Respiration and temperature normal, pulse quite regular and natural in quality. Patient hungry, and anxious to sit up. From this date until June 21st (when he sat up for the first time) there was a steady and rapid improvement under bell.³ This remedy was discontinued there and nux vom.³ substituted for characteristic constipation.

June 23d. The patient seemed perfectly well

and was gaining in strength nicely, up to February 27, 1889; has been perfectly healthy in every way.

The action of the remedies in this case and especially that of bell. seemed to me very marked, whether they had aught to do in relieving the bruised and weakened heart, is not for me to say, but certain it is, that during their administration, its action was improved and it was apparently restored to its natural tone and vigor.

W. A. WAKELEY, M.D.

Therapeutic Hints.

A CASE OF POST-SCARLATINAL NEPHRITIS.

Reported.

A YOUNG man of about eighteen was attacked with a severe form of scarlet fever. The youth was very seriously ill, being delirious a large part of the time, but good nursing and watchful care brought him safely to the third stage of the disease. Desquamation was progressing rapidly and, as far as one could judge, favorably, when suddenly signs of nephritis were developed. The urine became very scanty, of a dark color and loaded with albumin; the face was so swollen and puffy that the patient could hardly see, and he could retain no food on his stomach, though for a time it seemed to relieve the persistent nausea. At the worst stage he passed his urine but twice in the twenty-four hours, and but one ounce each time. The patient was thirstless and particularly troubled with nausea and vomiting, though he *seemed to desire food, and as long as it was in the stomach the nausea was relieved.* He was given two or three quarts of milk in small amounts at short intervals, and this feature of relief was pronounced. There was no perspiration, *no drowsiness and no particular time of aggravation.* What was the remedy prescribed? The puffy face would lead you to think of apis; the nausea and vomiting, with great prostration, of arsenic; but there was not the drowsiness and time of aggravation so characteristic of apis, nor the restlessness and thirst of arsenic,

while neither had the peculiar feature, so well marked, of *relief while food was in the stomach.* Pulsatilla 3d was given on this prominent indication, and in twenty-four hours the patient passed over twenty ounces of urine, the nausea was much relieved and the facial oedema lessened, while in seventy-two hours the albumin almost entirely disappeared from the urine, which was nearly normal in amount, the nausea and vomiting were wholly relieved, and the oedema completely subsided. The patient rapidly recovered.

Another Pulsatilla Case.—An old gentleman, over eighty years of age, had long suffered from a chronic bronchial catarrh. There was an abundant secretion of mucus, which rattled in the tubes at every inspiration, seemingly very loose, yet the patient was unable to raise it. It wasn't a hard, racking cough, with profound prostration, but rather a simple accumulation of mucus, which bothered the old gentleman because he couldn't get it up, probably because of the weakness of his muscles on account of age. A few doses of pulsatilla stopped the rattling completely and gave the patient relief. Pulsatilla has even stopped the "death rattle" in one "in articulo mortis."

Kali Carb. and Causticum in labor.—These are two of the most important drugs in weak and insufficient labor pains. When the delay and feeble pains are due to an *atonic condition* of the uterus, unless there are other indications pointing strongly to gels., caul., etc., kali carb. or caust. will prove invaluable, the latter particularly, if with the uterine atony there is a paralytic condition of the fundus of the bladder, with inability to micturate, and a numb feeling. In one such case where a consultant was called in and the attending physician proposed using forceps, caust. 3d. every ten minutes brought on vigorous pains and nature accomplished delivery in less than an hour after the first dose. Kali carb. is indicated more especially in fat people, of a sluggish habit, with thick blotched skin, and little febrile tendencies. As between kali carb. and kali bich. in *catarrhal* conditions, remember that kali bich. is almost never indicated unless there is the yellow fur at the base of the tongue.

Kali carb. is by far the more frequently indicated remedy.

Asafetida.—This drug has a large sphere of usefulness in two cases of disease; viz., hysteria and affections of the bones. It is too little known and used. In hysterical conditions, especially *globus hystericus*, it often cures promptly when *ignatia*, *hyos.*, *nux mos.* and *moschuo* have failed. It is particularly indicated where hysterical symptoms have been developed after the suppression of habitual discharges, as running ulcers, diarrhoea, etc. In ill defined hysterical conditions without any marked indications, *asaf.* will generally prove helpful.—Don't forget *asaf.* in periostitis, especially of the tibia, and running on to the formation of ulcers, so painful and sensitive as to be intolerant of any dressing. It acts like magic in many such cases, and almost never fails. It should be given high, never below the 6th, while many claim that its best action is obtained from the 30th or even 200th.

Phosphide of Zinc.—This drug is the remedy par excellence in *post-diphtheritic pharyngeal paralysis*. Where *hyos.*, *caust.*, *gels.* and *corium fali*, try this. It seems to meet the worst cases. Unless other remedies are very strongly indicated, it is advisable to give phosphide of zinc on general principles.

Ferrum Picratum.—This is a new drug, only lately brought to the notice of the profession. Its chief sphere of action seems to be on the nasal and aural mucous membrane. Though its history is largely clinical, it has been found invaluable in *chronic nasal catarrh of the atrophic variety with aural complications*, tinnitus, etc. (cf. *merc. dul.*). It has been extensively used in the eye and throat clinics of the ophthalmic hospital during the past six months, and in such catarrhal difficulties involving the ear it has been found a grand drug. It seems to act best in the 3d x trit. When there is systemic depression, it is particularly indicated, but cannot be given where iron don't suit the patient.

Acetic acid.—A point worth remembering in cases of severe post-partem hemorrhage, where there is dangerous flooding, and especially when chloroform has been used, is that *common vinegar*,

diluted one half with water, will produce firm contractions very speedily, and stop the hemorrhage even more surely and promptly than ergot. One who has tested its merits frequently and speaks from a large experience says that if he had to take his choice he would throw away the ergot and keep the vinegar. Vinegar is always handy, and is easily given, the dose being two drams or more according to necessity. When your wits are leaving you as fast as the blood pours from your patient, and your ergot is gone or has been of no avail, remember vinegar. The credit of discovering this new application of acetic acid is due to Dr. Price, of Baltimore.

Another novel use of simple vinegar, according to a statement in a recent lecture, is in acute intoxication. The assertion was made that half a tea cup full of vinegar taken into the stomach of the "booziest" of patients would send him home, walking a straight gait in less than an hour! We have never tried it, but offer the suggestion on the authority of the lecturer. The profession may have to add this new debt to acetic acid.

Points From Lectures.

NEVER forget that *while there is life there is hope*.

Be particular about the little things in your practice.

A SKILLFUL physician knows enough not to do too much.

THE golden precept of homœopathy: *Similia Similibus Curantur*.

POINTS from Professor Allen's last lecture:

Devote yourself to your profession. Let your wife be the social factor.

The treatment of symptoms is the most successful practice.

Interest yourself in all matters relating to health, water-supply, drainage, etc.

Associate yourself with all laws of order and morality.

Always be courteous; tip your hat to your lady acquaintances, regardless of their position in society, whether high or low.

✧IN MEMORIAM✧

AGAIN it is our sad duty to chronicle the death of one of the brightest and best students ever graduated from our College, F. S. Fulton, of the class of '85. He was the son of Dr. S. J. Fulton, of Norwich, N. Y., born in 1857, and therefore only about thirty-two years old at the time of his death. He entered Madison University in 1878 and took the "Dodge" prize for the best entrance examination; graduated from there in 1882 with third honor and a Phi Beta Kappa Key. He then entered our College in October, 1882, with the class of '85, so well-known as being one of the best classes ever graduated from our Alma Mater. In his Senior year he was nominated for Valedictorian to his class, but was defeated by one vote. But he received the Faculty prize, a microscope, for the best standing in the three years' course. Immediately after graduation he was appointed resident surgeon to the Hahnemann Hospital in this City, where he spent one year and resigned to open an office uptown, where he soon won the esteem and confidence of the best homœopathic physicians in this City and was regarded as one of the rising young physicians who would soon take a front rank in the profession.

His specialty was surgery, where he soon showed a skill which was acknowledged by men who hold high positions as surgeons. In the Winter of 1886, when the Laura Franklin was opened as a free hospital for children he was, with Professor Wilcox, appointed one of the surgeons. Some of our students will remember his uniform courtesy to them when they were detailed to witness operations performed by him at this Hospital. He was also selected as one of the Associate Editors of the *North American Journal of Homœopathy*, the best Journal of the Homœopathic School in this country, where his experience as one of the Editors of THE CHIRONIAN came him well to hand. But hard work soon began to tell upon him, his health commenced to fail and he was obliged to seek rest from his professional labors. He left the City about one year ago to stay with his father at

Norwich, to recuperate. For a time he seemed to improve, but when Winter came he grew perceptibly weaker. In January last, accompanied by his brother, the Rev. C. A. Fulton, he went to the Island of Trinidad, but soon acute Bright's disease developed. He arrived here on the 14th of March, and twelve days later he died.

In July, 1886, he was united in marriage with Beatrice J. Shattuck, of Norwich, N. Y., who survives him with two infant children.

THE CHIRONIAN mourns the loss of one of its brightest Editors, who did his duty faithfully, and who had, next to the managing Editor, the most trying position, that of *Materia Medica*, on the Journal.

The year of 1884-5 witnessed the publication of the first Journal ever published by students of a medical college, and being elected one of the first Editors was an honor which was acknowledged by Dr. Fulton's Class as being a compliment highly to be appreciated. *God's finger touched him and he slept.* F. D.

Societies.

THE New York Society for Medico-Scientific Investigation held a very instructive and interesting meeting on Tuesday evening 2d inst. in the large clinic room of the New York Ophthalmic Hospital, corner Twenty-third Street and Third Avenue. City Judge R. B. Cowing made an address upon the rights and responsibilities of the physician in court and in practice. The discussion was participated in by Richard H. Clarke, LL.D., A. G. Vanderpoel, Esq., Dr. Dowling, Dr. McMurray and others. It covered points relating to expert testimony, disclosure of confidences, shortening life to relieve pain, etc. The last decision of Judge Earl interprets the law as putting the seal of secrecy upon all disclosures to a professional adviser, which is not to be broken except by the patient, and by no other person whatsoever, even after patient's death. As to euthanasia Judge Cowing quoted Judge Davis, "that any one who willfully short-

ens the life of a human being even one minute is liable to the penalties of the crime of murder." Mr. Clarke thought the enactment of the statute relating to secrecy took the common law of honor from the medical profession. He thought the well-being of the patients, in certain cases, required disclosure, as, for example, heads of families and directors of certain institutions.

Mr. Vanderpoel spoke of the attributes of an expert witness. He is an expert because he really knows and can demonstrate by exact rules, and when he loses exactness he ceases to be an expert. Mr. Vanderpoel spoke of rendering bills and said it makes no difference who sends for you or if you are not sent for, if you render service and it is not objected to, the proper party is liable. The physician is the judge of the necessity for the frequency of the visits and when he assumes charge of a case he assumes the right to give good treatment. Go as often as your own good conscience dictates and charge for every visit. You have no right to relegate the dictation of visits and treatment to ignorant or stingy parents. Dr. Hallock moved a vote of thanks to Judge Cowing and the other gentlemen which was carried.

Dr. J. W. Dowling, Sr., said he had come to learn and had not been disappointed. He thought it wise to act upon Mr. Vanderpoel's words, to charge for your visits and then see that the bill is paid. He was once attending a case of diarrhoea in a man who had said he "would give a thousand dollars to be cured," the man got well and remembering the offer when asked what his bill was, left the amount to the generosity of the patient, he received \$25. Since this he always makes out his bill and if any addition is made to it by the patient he does not object. He said physicians should remember that revelation of confidences is *not allowed*. Adjournment at 10:55.

Class Supper.

THE Class of '91 held their annual Class Dinner at Clark's on Friday evening, March 29th, at 8 P. M. Everything had been well planned for the enjoyment of all, by the

committee of arrangements, consisting of Tyler, Church, Lyman and Leonard:

Toast Master.....J. Grant Lyman.

Class of '91.....C. C. Birch.

"Why! Then the world is mine oyster, which I with sword will open."

Chemistry.....W. H. Leonard.

"Test tubes to right of them

Beakers to left of them

Retorts in front of them

Volleyed and thundered."

Ladies.....B. Bierbauer.

"The sovereigns of the world."

Our College.....A. C. Leach.

"By medicine life may be prolonged

Yet death will seize the doctor too."

Allopathy.....H. H. Hawkshurst.

"The cunning livery of Hell."

Characteristic Pain of Stannum.

DR. G— had pain in upper incisors for four days. Pain very severe, coming at first lightly, gradually increasing in intensity, and then gradually subsiding. Nothing seemed to relieve it until he took a powder of Stannum 3, when, in less than ten minutes, the pain disappeared, and has never returned.

W. U. R., '86.

College Notes.

THUJA, *Arbor vita*, is a favorite graveyard tree.

ONE of our Professors received a fee of \$85,000 lately.

PROFESSOR ALLEN devoted his last lecture to giving the graduating class practical advice.

THE examination in Medical Jurisprudence was held March 23d. The class for the most part was "unanimous."

THIS is the time of year that the boys lose control of their sphincter vesicæ; pending examinations are the cause.

PROFESSOR: "What is the end of an acute adenitis?"

Senior: "Suppuration and restitution."

PROFESSOR HELMUTH spent the last three hours of his course in a thorough quiz of the Seniors of which he kept a record.

F. W. CLARK was obliged to leave college before the close of the course. He will take his ordeal in Medical Jurisprudence in the Fall.

A. A. HOAG, '88, spent the last week of March in the City visiting his friends of the graduating class and listening to lectures. Dr. Hoag is located at Bridgeport, Conn.

PROFESSOR NORTON, diverging somewhat from his usual style, gave the class some of the purest rhetoric they have heard during the course at his closing lecture of the term.

THE last meeting of Professor Moffat's private quiz class was held on the evening of Friday, March 29th. After the usual two-hour quiz, the Professor treated the class to refreshments.

MARRIED, March 14, 1889, Dr. A. J. Thayer, '87, of Newark, New Jersey, to Miss Nellie M. Robbins, of Cambridgeport, Mass. Dr. H. C. Jewett, '88, of Haverhill, Mass., acted as best man.

IF the walking is good and his soles are thick a young man may be seen walking from this city to Schenectady after the anatomy examinations. This world is not what it's cracked up to be, so he says.

W. I. PIERCE, of the class of '90, has been heard from by a few of his classmates. He is in the land of Korea prospecting for the U. S. Government with a view of developing the mining industries there.

ANY information concerning present or past members of the college is respectfully solicited. THE CHIRONIAN wishes to keep the students and Alumni informed as to the doings and whereabouts of each other.

WINANS, '90, who has been sick for a number of weeks past, will be unable to come up for examinations this Spring. The class has missed his beaming countenance, and regrets the fact of his long illness, hoping, however, that he will not be incapacitated in the Fall, thus joining the class again next year.

PROFESSOR OF MATERIA MEDICA (quizzing on *Argentum Nitricum*): "What drug is it that has a sensation of expansion of the body, especially of the face and head, loss of voluntary motion, mouth remarkably dry, with violent thirst?"

Absent Minded Senior (who did not go directly home after the last Hahnemannian meeting): "Alcohol."

THE infants—I almost said students—who are in the habit of sitting on the back seats until their names have been called, and then, just for the fun of it, sliding out and cutting the lecture, were grieved to find that the door had been fastened on the outside not long ago, and that they were necessarily obliged to *be present* as well as *be marked present*. It did not seem so funny to the infants thus locked in as one might expect when the immense development of their "bump" of humor is taken into consideration. If students want to cut lectures why don't they cut and take the consequences like men; not sit on a back seat, answer "here," and then sneak out.

THOSE desiring to purchase a durable, first-class Electro-Medical Apparatus should read the following business letter:

CORTLAND, N. Y., JAN. 16, 1889.

JEROME KIDDER M'F'G CO.,

Dear Sirs: Will you be so kind as to send me a copy of your new work on Electro-Therapeutics, and greatly oblige one who has used a Kidder machine ever since he has been in practice, some twenty-six years, and always has a good word to say for it because it deserves the highest praise.

Yours truly,

DR. JAS. W. HUGHES.

BE neat in your appearance, confident in your manner, and your financial success as a physician is assured.

ALWAYS give your treatment the benefit of a cure, notwithstanding the fact that ninety per cent. of your cases will get well anyway.